

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ky</i>		4/7/00
O.I.P.E. CLASSIFIER		11435	5/29/00
FORMALITY REVIEW			8/17/00
RESPONSE FORMALITY REVIEW			10/20/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/10/00
2	✓	✓	3/15/00
3	✓	✓	3/15/00
4	✓	✓	3/15/00
5	✓	✓	3/15/00
6	✓	✓	3/15/00
7	✓	✓	3/15/00
8	✓	✓	3/15/00
9	✓	✓	3/15/00
10	✓	✓	3/15/00
11	✓	✓	3/15/00
12	✓	✓	3/15/00
13	✓	✓	3/15/00
14	✓	✓	3/15/00
15	✓	✓	3/15/00
16	✓	✓	3/15/00
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29	✓	✓	3/15/00
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31	✓	✓	3/15/00
32	✓	✓	3/15/00
33	✓	✓	3/15/00
34	✓	✓	3/15/00
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37	✓	✓	3/15/00
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46	✓	✓	3/15/00
47	✓	✓	3/15/00
48	✓	✓	3/15/00
49	✓	✓	3/15/00
50	✓	✓	3/15/00

Claim	Final	Original	Date
51	✓	✓	8/4/00
52	✓	✓	8/4/00
53	✓	✓	8/4/00
54	✓	✓	8/4/00
55	✓	✓	8/4/00
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77	✓	✓	8/4/00
78	✓	✓	8/4/00
79	✓	✓	8/4/00
80	✓	✓	8/4/00
81	✓	✓	8/4/00
82	✓	✓	8/4/00
83	✓	✓	8/4/00
84	✓	✓	8/4/00
85	✓	✓	8/4/00
86	✓	✓	8/4/00
87	✓	✓	8/4/00
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89	✓	✓	8/4/00
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96	✓	✓	8/4/00
97	✓	✓	8/4/00
98	✓	✓	8/4/00
99	✓	✓	8/4/00
100	✓	✓	8/4/00

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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